



# Vaccination Administration Considerations for Specific Populations

Updated August 9, 2022

PAGE 5 of 6

[< View Table of Contents](#)

**Table 6. Summary of Vaccination Administration Considerations for Specific Populations by Age and Medical Condition**

Specific Population	JYNNEOS <sup>1</sup>	ACAM2000
<a href="#">People age &lt;18 years</a>	Administer subcutaneously (standard regimen) if vaccine is given.	Do not administer to infants age <12 months.
People of any age who have a history of developing keloid scars	Consider administering subcutaneously (standard regimen).	Do not administer.
Most adults age ≥18 years who are eligible for vaccination under the national monkeypox vaccine strategy (includes PEP, PEP++, or PrEP)	Can be administered intradermally (alternative regimen).	Administer percutaneously if vaccine is given.
People with prior history of smallpox vaccination <sup>2</sup>	Consider administering intradermally (alternative regimen).	Can be administered if no contraindication is present.
<a href="#">People who are pregnant<sup>3</sup> or breastfeeding<sup>4</sup></a>	Consider administering intradermally (alternative regimen).	Do not administer.
People with three or more major cardiac risk factors <sup>5</sup>	Consider administering intradermally (alternative regimen).	Do not administer.
People with atopic dermatitis, eczema, or other exfoliative skin conditions <sup>6</sup>	Consider administering intradermally (alternative regimen).	Do not administer.
People with prior history of monkeypox <sup>7</sup>	See footnote about exceptions to the two-dose series.	Do not administer.

<sup>1</sup> If a patient has any medical condition or age indication requiring subcutaneous administration, JYNNEOS can be administered subcutaneously using the standard regimen (rather than intradermally using the alternative regimen).

<sup>2</sup> Previous smallpox vaccination probably does provide some protection, but it may not necessarily be lifelong. During the 2003 monkeypox outbreak and during the current outbreak, several people who were infected with monkeypox had previously been vaccinated against smallpox decades prior. In response to the current outbreak, vaccines and other medical measures should be given to eligible people who were previously vaccinated against smallpox.

<sup>3</sup> While there are no data for people who are pregnant, animal data do not show evidence of reproductive harm; pregnancy is not a contraindication to receiving JYNNEOS.

<sup>4</sup> While there are no data for people who are breastfeeding, animal data do not show evidence of reproductive harm; breastfeeding is not a contraindication to receiving JYNNEOS. It is not known whether JYNNEOS is excreted in human milk. Data are not available to assess the impact of JYNNEOS on milk production or the safety of JYNNEOS in breastfed infants. However, because JYNNEOS vaccine is replication-deficient, it likely does not present a risk of transmission to breastfed infants and can be administered to women who are breastfeeding if vaccination is critical.

<sup>5</sup> Presence of three or more of these major cardiac risk factors is a contraindication to vaccination with ACAM2000: hypertension, diabetes, hypercholesterolemia, heart disease at age  $\leq 50$  years in a first-degree relative, or smoking. Clinical studies have not detected an increased risk for myopericarditis in recipients of JYNNEOS. However, people with underlying heart disease (e.g., previous myocardial infarction, angina, congestive heart failure, cardiomyopathy, stroke or transient ischemic attack, or other heart conditions) or three or more major cardiac risk factors should be counseled about the theoretical risk for myopericarditis following vaccination with JYNNEOS given the uncertain etiology of myopericarditis associated with replication-competent smallpox vaccines such as ACAM2000.

<sup>6</sup> Studies evaluating JYNNEOS in people with atopic dermatitis have demonstrated immunogenicity in eliciting a neutralizing antibody response. No concerning safety signals were revealed.

<sup>7</sup> In the context of the current monkeypox outbreak, and while the supply of JYNNEOS vaccine is limited, the following are exceptions to the recommended two-dose series:

- A person who is diagnosed with monkeypox after their first dose of JYNNEOS is not recommended to receive the second dose at this time, because monkeypox infection likely confers additional immune protection.
- A person who would be eligible for vaccination but has been diagnosed with monkeypox during this outbreak, which started in the United States on May 17, 2022, is not recommended to be vaccinated at this time, because monkeypox infection likely confers immune protection.
- An immunocompromised person who is diagnosed with monkeypox after their first dose of JYNNEOS may be eligible to receive the second dose of JYNNEOS on a case-by-case shared decision-making basis based on the clinical judgment of the healthcare provider.

## Table of Contents

<a href="#">What You Need to Know</a>	<a href="#">Interim Guidance</a>
<a href="#">Vaccination Strategies</a>	<a href="#">ACAM2000</a>
<a href="#">Health Equity</a>	<a href="#">› Special Populations</a>
<a href="#">JYNNEOS</a>	<a href="#">Errors and Deviations</a>

<b>Related Resources</b>	
<a href="#">JYNNEOS Package Insert</a>	<a href="#">JYNNEOS Vaccine Information Statement (VIS) [151 KB, 2 pages]</a>

JYNNEOS Storage and Handling Summary [1.1 MB, 2 pages]

FDA EUA Fact Sheet for Providers [900 KB, 16 pages]

ACAM 2000 Medication Guide

FDA EUA Fact Sheet for Patients and Caregivers [465 KB, 5 pages]

Vaccination Operational Planning Guide